



## Department of Labor Division of Workers Compensation

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- ▶ **NOTICE** – Workers must give notice of accidental injury to their employer within 10 days after date of accident (75 days with just cause). **The notice must be in writing for an accident that is the result of a series of events, repetitive use, cumulative traumas or microtraumas.** Written notice of an occupational disease is required within 90 days of disablement.
- ▶ **CLAIM** – Workers must serve written claim on the employer, in person or by registered or certified mail, within 200 days of the accident or last paid compensation. Workers with an occupational disease must serve claim within one year from date of disablement. Right to compensation may be forfeited if claim is not served within these time frames.
- ▶ **TREATMENT** – The employer must furnish medical treatment to cure and relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.
- ▶ **FOR INFORMATION** – Write

KANSAS DEPARTMENT OF LABOR  
DIVISION OF WORKERS COMPENSATION  
800 SW JACKSON ST STE 600  
TOPEKA KS 66612-1227

<b>or call:</b>	** General Information.....	785-296-2996
	** Coverage and Compliance.....	785-296-6767
	Director's Office .....	785-296-2996
	** Fraud and Abuse Investigation .....	785-296-6392
	** Mediation .....	785-296-0848
	Medical Services.....	785-296-0846
	** Ombudsman/Claims Advisory.....	785-296-2996
	Rehabilitation.....	785-296-2996
	Technology and Statistics .....	785-296-4120
	Workers Compensation Board.....	785-296-8484
	Web site.....	www.dol.ks.gov

**NOTE: Sections with (\*\*) available nationwide.....800-332-0353**

**TABLE OF MAXIMUM BENEFITS - Effective July 1, 2008**  
**Kansas Workers Compensation Law**

Medical and hospital allowances .....	no limit
Death: spouse and wholly dependent children.....	\$250,000
Death: heirs (no dependents) .....	\$25,000
Burial allowance .....	\$5,000
Permanent total disability .....	\$125,000
Temporary total disability .....	\$100,000
Partial disability.....	\$100,000
Partial disability limited to functional impairment.....	\$50,000
Maximum weekly benefits: (7-1-04 to 6-30-05) .....	\$449
(7-1-05 to 6-30-06) .....	\$467
(7-1-06 to 6-30-07) .....	\$483
(7-1-07 to 6-30-08) .....	\$510
(7-1-08 to 6-30-09) .....	\$529

Medical mileage for more than 5 miles – Call 1-800-332-0353

Maximum benefits where functional impairment only is awarded is restricted to \$50,000.

	Maximum weeks that may be paid	Compensation at \$529 per week
Shoulder .....	225 .....	\$100,000
Arm .....	210 .....	\$100,000
Forearm .....	200 .....	\$100,000
Hand .....	150 .....	\$79,350
Leg.....	200 .....	\$100,000
Lower leg .....	190 .....	\$100,000
Foot .....	125 .....	\$66,125
Eye .....	120 .....	\$63,480
Hearing, both ears .....	110 .....	\$58,190
Hearing, one ear .....	30 .....	\$15,870
Thumb .....	60 .....	\$31,740
Finger 1st (index).....	37 .....	\$19,573
Finger 2nd (middle) .....	30 .....	\$15,870
Finger 3rd (ring).....	20 .....	\$10,580
Finger 4th (little).....	15 .....	\$7,935
Great toe.....	30 .....	\$15,870
Great toe, end joint.....	15 .....	\$7,935
Each other toe .....	10 .....	\$5,290
Each other toe, end joint only .....	5 .....	\$2,645

Allowance of 10% and not over 15 weeks for healing period following an amputation.